



BUSINESS LICENSE APPLICATION/RENEWAL FORM

Planning Department

722 S. Main / P.O. Box 6

Milton-Freewater, OR 97862

Office: 541-938-8234 Fax: 541-938-8224

Fee: \$35.00

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS LOCATION IN MILTON-FREEWATER: _____

MAILING ADDRESS (IF DIFFERENT): _____

OWNER/APPLICANT LEGAL NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ MESSAGE NUMBER: _____

AFTER HOURS CONTACT: NAME: _____ PHONE: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

STATE OR FEDERAL LICENSES & NUMBERS: _____

BUSINESS ACTIVITY DESCRIPTION: _____

NUMBER OF EMPLOYEES: _____

DO YOU HAVE OR PLAN TO USE PROPANE OR NATURAL GAS IN YOUR BUSINESS? YES / NO

DO YOU UTILIZE AND/OR STORE HAZARDOUS CHEMICALS IN YOUR BUSINESS? YES / NO

I understand that if approved the license will be valid from the date of issuance through the last day of the calendar year which the license was issued, regardless of the date of issuance during the year. If false or misleading information has been provided on this application, the Business License may be suspended or denied. I understand that this application must be approved by the City Planner and that submission of this application will therefore constitute consent for the City to conduct an investigation of the application and to enter the business property if needed. The City Planner shall approve, approve with conditions or deny any application within 14 calendar days of receipt.

I understand that this form is only an application. If approved, a license will be mailed to my business address. If the application is not approved, a letter will be sent to notify me.

ALL BUSINESS SIGNS WITHIN THE CITY LIMITS MUST BE APPROVED BY THE PLANNING DEPARTMENT.

NOTE: ADDITIONAL CITY PERMITS MAY BE NECESSARY BEFORE THE OWNER CAN COMMENCE BUSINESS.

SIGNED: _____ DATE: _____

TITLE: _____

